



**U.S. Department of Justice  
U.S. Attorney's Office  
Western District of Texas**

**Johnny Sutton, U.S. Attorney**

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**FOR IMMEDIATE RELEASE**

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**CHRISTUS HEALTH AFFILIATES PAY U.S. GOVERNMENT \$1.36 MILLION  
TO SETTLE MEDICARE AND MEDICAID FRAUD ALLEGATIONS**

**(SAN ANTONIO, TEXAS)** United States Attorney **Johnny Sutton** announced today that three San Antonio affiliates of Christus Health Corporation of Houston have paid the United States \$1.36 million to settle a federal lawsuit that alleged the affiliates had submitted false claims to federal and state health care programs. The three local Christus Health affiliates are Primary Carenet of Texas (also known as Christus Primary Carenet) and Health Texas Medical Group, acting on its own behalf and as successor in interest to Solomon Anthony Clinic, who all denied any liability or wrongful conduct in the agreement settling the allegations.

Sutton stated that "the U.S. Attorney's Office is aggressively investigating health care fraud throughout the Western District of Texas and this case illustrates the importance that we place in pursuing recoveries from health care institutions that have allegedly defrauded the government's taxpayer funded Medicare and Medicaid programs." Robert D. McCallum, Jr., Assistant Attorney General for the Civil Division of the U.S. Department of Justice in Washington, D.C. added that "this settlement again demonstrates the United States' commitment to protecting federal funds from fraud and abuse. The federal health care system operates on the good faith and honesty of its providers, and we will actively pursue those who misuse the system for financial gain."

The allegations arose from a lawsuit filed in U.S. District Court by Primary Carenet's former Chief Financial Officer, Timothy Ohman, under the *qui tam* or whistleblower provisions of the False Claims Act, a federal law that allows private individuals to sue on behalf of the United States. The federal lawsuit alleged, among other things, that the Christus Health affiliates engaged in "upcoding" reimbursement claims when billing Medicare and Medicaid. The suit contended that the affiliates submitted false claims to Medicare and Medicaid by claiming they performed higher reimbursing care than they actually provided.

The investigation and settlement of the allegations in the *qui tam* complaint were conducted by the U.S. Attorney's Office - Western District of Texas, the Justice Department's Civil Division, the Department of Health and Human Services, and the Federal Bureau of Investigation. Assistant United States Attorney Glenn MacTaggart handled this matter on behalf of the United States Attorney's Office - Western District of Texas.

The case is entitled United States ex rel. Tim Ohman v. Primary Carenet of Texas et al., Civil Action No. SA-01-CA-150-RF.

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